

Milwaukee County Department of Health and Human Services Delinquency and Court Services Division POLICY & PROCEDURE	Original Date Issued: 06/01/2014	Reviewed: 05/05/2014 By: MG/KP Last Revision: 05/16/2016 By: DP	Section: ADMINISTRATION	Policy No: 031	Pages: 1 of 3 1 Attachment
<input checked="" type="checkbox"/> Delinquency and Court Services Division <input checked="" type="checkbox"/> Children's Court Services Network <input checked="" type="checkbox"/> Purchase of Service Agencies Detention Center	Effective Date: 05/30/2016	Subject: <div style="text-align: center;">Court Capias Abatement Program</div>			

I. Policy

It is the policy of Delinquency and Court Services Division (DCSD) that the Court Capias Abatement Program is to prevent the issuance of a petition or a capias for a missed court appearance by making efforts to ensure that youth appear for either the intake inquiry and/or the initial court hearing.

II. Scope

The target population for the program are youth who missed their initial intake inquiry (order-in appointment date) since there is a higher likelihood that these youth will miss their initial court hearing. The main benefit of using this program is to avoid the resulting apprehension by law enforcement and possible detention for youth missing court appearances.

Upon referral for the capias abatement program, providers of this service will make up to three face-to-face contact attempts with youth (and parent/guardian) who have missed their order-in appointment at Children's Court with the goal of ensuring that youth appear in court for their scheduled court hearing to prevent the issuance of a capias.

III. Procedure

A. DCSD Responsibilities

1. Initial Contact: Once a Human Service Worker (HSW) receives a new order-in case, the HSW should contact the family within 24 hours to remind them of the order-in date and to see if that date needs to be changed due to scheduling conflicts. **HSW's must document each contact attempt and contact made in Synthesis.**
2. Prior to use of the capias abatement program, the HSW should be making three (3) attempts (e.g. calls/letters and face to face) to contact and engage their client into the juvenile justice process.
3. Court Recommendation: HSW's must inform the courts of the attempted (or made) contacts at the youth's parent/guardians address at the time of the initial court hearing. HSW's can recommend that the judge issue a Stayed Capias, and then proceed with referral to the Court/Capias Abatement Program.
4. Program Referral: After a youth/family misses their intake inquiry, the HSW needs to email the Information Application System Specialist within one (1) business day with the completed referral form with the demographic information, charge and upcoming court hearing information on the top portion of the Court Capias Abatement Referral Form (See Attachment A). The email should include the following:

5. Information to Courts: At subsequent hearings, the HSW must provide any updated information to the courts via the HSW's efforts and/or the Capias Abatement Program's efforts.
 - i. **For Missed Intake Interview and the Case has been Petitioned include:**
 - Juveniles name
 - Address
 - Name of Parent/Guardian/Relative & Relation where the juvenile resides
 - Date of Missed Intake Interview
 - Date/Time of Scheduled Court Hearing
 - Branch #
 - CCAP #
 - ii. **For Missed Intake Interview:**
 - Juvenile name
 - Address
 - Name of Parent/Guardian/Relative & Relation where the juvenile resides
 - Date of Missed Intake Interview
 - Date/Time of Rescheduled Intake Interview
 - iii. **For Stayed Capias Issued include:**
 - Juveniles name
 - Address
 - Name of Parent/Guardian/Relative & Relation where the juvenile resides
 - Date of Missed Intake Interview
 - Date/Time of Rescheduled Court Hearing
 - Branch #
 - CCAP #

B. Provider Responsibility

1. Referral Receipt: Agencies will receive an email from DCSD with the referral form attached. Every effort will be made to ensure that the referrals are sent at least ten (10) days in advance of the rescheduled intake inquiry date.
2. Initial Face-to-Face: Agencies will make face-to-face contact with the youth and family within 48 hours of receiving the referral to:
 - Verify the address,
 - Remind them of the rescheduled intake inquiry date or upcoming initial court hearing,
 - Complete the Court Capias Abatement Referral Form with date and signature, to acknowledge that they have met with the agency representative and have received the information regarding the upcoming court hearing for the youth.
 - Have the family contact the HSW to confirm the intake inquiry appointment date, time and location.
3. Home Visits & Calls: Agencies will make up to three (3) home visit attempts prior to the rescheduled intake inquiry date. Agencies will make reminder calls to the youth and family the evening prior to the court hearing or the rescheduled intake inquiry date.
4. Court Reminder Contact: The agency will make a reminder call/contact on the day prior to court to ensure youth and family is aware of the court date, despite any previous contact efforts.
5. Parent/Guardian Contact: The provider must request to speak with the youth in addition to their parent/guardian. If a parent or guardian is not available, then they may speak with another adult caregiver residing in the home.

6. Initial Documentation: The return portion of the Court Capias Abatement Referral Form from the agencies must be completed and returned to the HSW within 24 hours of the face-to-face (or attempted) contact. This must be done even if the agency is planning to make additional contact attempts.
7. Subsequent Documentation: If the agency makes subsequent contacts after the submission of the return portion of the Court Capias Abatement Referral Form, an updated form via email should be sent to the HSW and DCSD Administration within 24 hours of the contact.
8. Follow-up with DCSD:
 - The completed return portion of the Court Capias Abatement Referral Form must be returned within 24 hours of the face-to-face contact.
 - If face-to-face contact has not been made, the agency must document attempts and submit return portion of the Court Capias Abatement Referral Form no later than 24 hours of the contact and prior to the scheduled court hearing, even if the agency is planning to make additional contact attempts.
9. Service End: The agency's obligation stops at the time of the rescheduled intake inquiry and/or court date.
10. Continued Failure to Appear: If the youth fails to appear for the rescheduled intake inquiry and/or court date, the process can be repeated starting at the point of initial referral (or III A of this policy).
11. Missing Youth Defined: A youth is only defined as missing (*formerly known as AWOL*) in the event that the youth's family has indicated that they have not been in contact with the youth and a missing person's report is being filed. Otherwise, the youth is defined as non-compliant.

IV. TRANSPORTATION

If transportation is identified as a barrier to getting to court, bus tickets may be provided by the agency or the HSW. If the agency believes that the youth is unlikely to go to court unless he or she is taken, the agency should contact the HSW to discuss options, which may include the agency bringing the youth and family out to court. The HSW can also conduct a home visit if the family is able to meet in the home before the scheduled court hearing.

V. BILLING

- A. Agencies will invoice on Synthesis at the tracking rate for time spent. The service code to use is YMN. The average number of units per case is 40. If the agency requires additional units beyond 40, prior authorization must be obtained from the HSW. The maximum number of units is 75 per youth.
- B. Agencies may bill for time spent on documentation, paper/computer file entry to open and close out cases, file maintenance, attempts made to contact the youth/family via telephone, transporting youth and family to court, transportation to and from home visits and time spent providing the relevant information regarding the youth's status.

Reviewed & Approved By: _____

Mark Mertens, Division Administrator

Court Capias Abatement Referral Form**Juvenile's Name****Intake Number****HSW/Worker****Lives With:**Address Verified **Yes** **No**

Correct Address (If Different Than Above): _____ (Apt # _____)

Cell Phone#: (____) _____ Work#: (____) _____ Land Line#: (____) _____

Rescheduled Intake Date**Intake Time****Room****Intake Number****Charge**Plan for getting to Rescheduled Intake: Own Vehicle Bus (If bus, was fare provided: Yes No)
Other: _____

Parent or Guardian Planning to Attend? Yes No - If not, why: _____

Date of Missed Order-in: (Indicate reason for missed Order-In: Circle or list all that apply)Wasn't Aware of Appointment Forgot Thought Would be Locked Up
Wasn't Able to Attend (e.g. no transportation) Don't Care Youth Missing/AWOL
Thought Nothing Would Happen/Didn't Have to go Other: _____**Face to Face Contact/Attempts Made:**

<u>Date:</u>	<u>Contact Type</u>	<u>Contact Made</u>		<u>Contact With: (Circle and or list)</u>	
		<u>Yes</u>	<u>No</u>	<u>Parent</u>	<u>Juvenile</u>
1. _____	Face to Face Phone			Other: _____	

2. _____	Face to Face Phone	Yes	No	Parent Other: _____	Juvenile
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3. _____	Face to Face Phone	Yes	No	Parent Other: _____	Juvenile
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List all Dates and Number of Units. (Units are in 6 minute intervals, i.e. 1 unit = 6 mins *or* 10 units = 1 hr.)**Date/Units:** _____

(Use additional paper if necessary)

Total number of units: _____ (Prior HSW authorization needed if total units will exceed 40 (or 4 hours))**Face-to-Face Contact(s)/Attempt(s) Made By:** _____**Court Capias Abatement Referral Agency:** _____Fax completed form to: Wendy Moraza 414-257-8199 or Email to wendy.moraza@milwaukeecountywi.gov